

SENT VIA ELECTRONIC MAIL: [CONTACT EMAIL]

September XX, 2015

[NAME]

[COMPANY ADDRESS]

**RE: Data Call Letter – Medical Stop Loss Insurance**  
Response Due by October XX, 2015

The Maryland Insurance Administration (“Administration”) is required by legislation passed in the 2015 General Assembly<sup>1</sup> to conduct a study regarding medical stop loss insurance. Pursuant to Maryland Code Annotated, Insurance, §§2-205 and 2-209(g), and COMAR 31.04.20, the Administration has initiated a market conduct analysis (“analysis”) to collect information needed for the study.

To conduct the analysis, the Administration requires that you fill out the attached spreadsheet with information on every medical stop loss policy issued or renewed by your company in the State of Maryland between June 1, 2014 and May 31, 2015 and answer the two questions posed below. Your response is due no later than September XX, 2015. Based on your company's response, you may be asked to respond to further Interrogatories and/or Requests for Production of Documents. If you have not issued or renewed any medical stop loss policies during the period of June 1, 2014 and May 31, 2015, please note that in your response. In this case, you are not required to complete the attached spreadsheet.

#### Questions

1. Does your company have a threshold for minimum number of employees in order to issue or renew a medical stop loss policy? If so, what was the minimum number of employees required for medical stop loss policies issued or renewed in Maryland between June 1, 2014 and May 31, 2015?
2. Does your company assist employers purchasing stop-loss insurance with the plan design of the self-funded portion of the coverage? If so, how many plan designs were recommended between June 1, 2014 and May 31, 2015? If not, who provided administrative services for self-funded plans? (Please consider the definition of "plan design" to be a standard set of benefits or coverages. For example, if you provided employers with one template set of benefits to be used under the self-funded portion of the plan, then you assisted with one plan design.

---

<sup>1</sup> House Bill 552, Chapter 494, Acts of 2015.

If the plan design is negotiated on an employer by employer basis, then your company assisted with an unlimited number of plan designs.)

3. What type of documentation do you require employers to complete in order to perform medical underwriting? Do the documentation requirements vary according to the size of the employer?

Additionally, and in accordance with COMAR 31.04.20.05E, your company is required to certify the accuracy of all information provided to the Administration by submitting a "Certificate of Compliance" signed by an officer of the company. This certificate of compliance must be signed and submitted regardless as to whether you have issued or renewed any medical stop loss policies during the period of June 1, 2014 and May 31, 2015. A copy of the Administration's standard Certificate of Compliance is included at the end of this data call letter.

Please provide your response to Joseph Fitzpatrick, Market Data Analyst, via e-mail to [joseph.fitzpatrick@maryland.gov](mailto:joseph.fitzpatrick@maryland.gov) by close of business September XX, 2015. If you are unable to provide the above information by the deadline, please contact Nour Benchaaboun, Chief, Market Analysis at (410) 468-2222 or via e-mail at [nour.benchaaboun@maryland.gov](mailto:nour.benchaaboun@maryland.gov) at least 5 days prior to September XX, 2015 (by September XX, 2015). Please be sure to provide detailed information as to why you are unable to provide the information requested. If your company has no data to report, or did not issue or renew any medical stop loss policies during the time period in question, please report that, in writing, along with a completed Certificate of Compliance.

Sincerely,



(Mr.) Nour E. Benchaaboun, AIRC, MCM  
Chief, Market Analysis  
Compliance and Enforcement Unit  
Maryland Insurance Administration

**MARYLAND INSURANCE ADMINISTRATION MARKET CONDUCT  
ACTION  
CERTIFICATE OF COMPLIANCE**

Pursuant to Code of Maryland Regulations ("COMAR") 31.04.20.05 E, I \_\_\_\_\_ hereby certify to the best of my knowledge, information, and belief, that the information hereto submitted to the Maryland Insurance Administration ("Administration") represents a full, complete and truthful response to the Maryland Insurance Commissioner's ("Commissioner") request dated [DATE], for accounts, records, documents, data or other information needed for the Administration's analysis.

I further attest that I am an authorized officer/representative of the Company, that I have undertaken an adequate inquiry to provide this certification to the Commissioner, and am authorized to bind the Company to the responses provided.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Company: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_